U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0166 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, finas, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
AUG 1	5	2005		
E				

1. File Number U-

Name Tanif

3. Name and address of person filing.

K Crotts

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name Tanif K Crotts

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

	Labor Organization File	Number 030-237
P.O. Box, Bldg., Room No., if any PO Box 265	P.O Box, Building and F	Room Number, if any
Street	Street 208 S. Guth	rie
City Lamar	City Tulea	
State Arkansas ZIP Code + 4 72946	State Oklahoma	ZIP Code + 4 74103
5. Position in labor organization. Business Manager		
Enter appropriate data below if, during the past fiscal year, you or your a (except as specified in the ex	spouse or minor child directly or xalusions set forth in the instruct	indirectly had any of the following interests ons):
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other ed ation represents or is active	onomic benefit of ly seeking to represent.
<ol><li>Name and address of Employer (Including trade name. If any).</li></ol>	7.a. Nature of Interest, Tran	saction, or Income.
Name		
Trade Name, if any:	1 2 5	
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Si	gnature	
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompaundersigned's knowledge and belief, true, correct, and complete. (See the	anving documents), has been exa	mined by the signatory and is, to the best of the
Signed (1/200	On 8/11/2004	918-583-5261
	Date	Telephone Number
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Name of Person Filing Tanif Crotts		File Number U-		
B. Held an interest in or derived income or economic benefit with morietary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Arkansas/Oklahoma Laborers' Training Fund	a. Labor Organizat	ion		
Trade Name, if any:	b, Trust			
P.O. Box, Bidg., Room No., If any PO Box 376	c, Employer			
Street				
City Livonia				
State Louisiana ZIP Code • 4 70755				
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.  AR/OK Laborers' Trianging Fund provides training to			
Name Arkansas/Oklahoma Laborers' Training Fund	members and employe			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any PO Box 376				
Street	11.b. Approximate dollar value of such dealing.			
City Livonia	12.a. Nature of interest held	or income received.		
State Louisiana ZIP Code + 4 70755	expenses in connect Meeting. Mr. Crott	reimbursement for Lodging ion with ERISA Trust Fund Board s holds no ownership, interest d any income from AR/OK Laborers		
	12.b. Amount.			
	12.b. Ambunt	\$74		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment,			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Cods + 4				
13.b, is the Business an Employer or Consultant?	14.b. Amount of payment.			